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St. Cloud Hospital

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PATIENT CARE NEWS

St. Cloud Hospital, 1406 6th Avenue, St. Cloud, MN 56303 www.centracare.com 320-251-2700

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Research Article Review

Submitted by Jean Beckel, RN, MPH

Article: Barr-Anderson, D., van den Berg, P., Neumark-Sztainer, D., Story, M. (2008). Characteristics Associated with Older Adolescents Who Have a Television in Their Bedrooms. Pediatrics. 121(4). 718-724.

As we approach the dark days of winter, there is increased temptation to spend time in front of the TV. As a parent, I have had the "TV in the bedroom" discussion with kids. The focus of this study, completed at the U of MN, was to examine the prevalence of adolescents having a TV in their bedroom, and to describe the associated personal, social, and behavioral characteristics. The **literature review** solidly documented the TV-watching habits of the American teenager and indicated an association between the amount of TV watching and poor school performance, poor dietary habits, and greater basal metabolic index. It also found that youth who have a TV in the bedroom watch more hours per day of television. The literature was lacking information related to the adolescent profiles for those having bedroom TVs.

The researchers built on a prior research study which had tracked the behaviors and eating habits of 4,746 junior and senior high school students in 31 Minnesota schools. The new study involved 781 of these students who met the age criteria for the new study. Participants completed a revised version of the original study survey which asked about presence of a bedroom TV and their physical activity and social behavior. 62% of the adolescents had a TV in their bedroom. **Statistical analysis** was used to compare the teens with and without TVs in their bedroom. The presence of a TV was related to gender, ethnicity and socio-economic status. Those with a bedroom TV also spent less time in vigorous physical activity, eating fruits and vegetables, and having family meals together. There was also more sedentary behavior and lower GPAs. There was no difference between snacking habits between groups. Those with a TV also reported a much higher number of TV viewing hours.

Limitations of this study include the design where measurements were taken as a moment in time. Researchers also relied on the accuracy of the adolescents' self-reported responses to the study questionnaire to make their conclusions. The **strengths** of the study include the large, ethnically diverse study sample and the design of the survey tool. What are the **conclusions**?

- As a parent: Many parents now work outside the home and have less control over the number of hours their children watch TV. Parents do, however, make the decision on whether or not a child can have a TV in their bedroom. Making a decision to refrain from a bedroom TV may be the first step to decreasing "screen time" and the poor behaviors associated with increased TV watching.
- As a nurse: What aspects of our professional practice environment could be measured and analyzed to result in better use of our time, space, and energy?

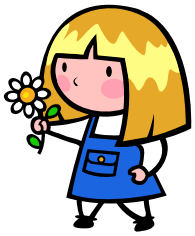
If you have ideas, please contact a member of the research committee. This group will guide you and make the research process a practical and fun experience.

Providing Care After Death – Important Steps to Follow:

Submitted by Barb Scheiber, Director, Patient Care Support

There are many steps to follow when a patient dies. The death checklist and policy, "Death, Care Provided After" are resources for you. We continue to have some issues with Funeral Home Directors arriving to pick up a body when donation status, autopsy, etc. are still pending. Please coordinate the release of the body with the PPC/Administrative Nursing Supervisor for each death. Below are a few reminders:

- The death checklist serves as your guide. It follows in order of priority. For example, if a death is unexpected or unexplained, you need to sequester equipment and have blood drawn as soon as possible. Therefore, this item is listed at the top of the list.
- The Administrative Nursing Supervisor/Patient Placement Coordinator must be notified of each death. Include the name, time of death, medical record number, funeral home/location if known, and any pending reasons for delaying the release of the body to the funeral home (example: ME case, autopsy, organ/tissue/eye donation). Once everything has been completed, the Administrative Nursing Supervisor/Patient Placement Coordinator notifies Admitting and authorizes the release of the body to the funeral home. Admitting then calls the funeral home to pick up the body.



- Admitting should be called with the name, medical record number and time of death as soon as possible. They maintain a log book of all deaths and are the access point for funeral directors who pick up bodies. Funeral directors "sign out" when they leave.
- At times family members have told the funeral home that "everything is done." Unfortunately this can result in the funeral home director driving a distance only to learn that some things are still pending (example: tissue donation). It would be helpful if you could let family members know that the hospital (Admitting) will notify the funeral home once everything is complete.
- An order for release of the body needs to be entered into EPIC.

Finally, "thank you" for your compassion and sensitivity in the care of the deceased. Families always remember those final moments and the caring manner of staff after death. It is a lasting impression and a testimony of our mission and values.

Anticoagulation Management Program Implementation

Debra Miller, Pharm.D., Medication Safety Pharmacist

The Joint Commission has introduced a new National Patient Safety Goal to reduce the likelihood of patient harm from therapeutic anticoagulation with Heparin, Warfarin and Low Molecular Weight Heparin. The program intent is to individualize anticoagulation therapy for each patient through use of standardized evidence-based practices specifically designed to reduce the risk of adverse drug events.

The goal includes the following eleven requirements, with the expectation that, as of January 1, 2009, the process is fully implemented across the organization. Please review the following list of policies/protocols that were updated to meet the new requirements:

1. **The organization must implement a defined anticoagulant management program to individualize the care provided to each patient receiving anticoagulant therapy. See:**
   - Warfarin General Dosing and Reversal Guidelines
   - Warfarin Anticoagulation Ordering Policy
   - Heparin and Low Molecular Weight Heparin (LMWH) Including Enoxaparin (Lovenox) Anticoagulation Ordering Policy
   - Anticoagulant Therapy: Management and Monitoring in the Home Setting
2. **The organization uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for drug interactions. See:**
   - Heparin Weight Based Protocol
   - St. Cloud Hospital Clinical Pharmacy Warfarin Dosing Service Protocol:

     To order a pharmacist consult for dosing warfarin, prescribers should place a "Pharmacy to Dose Warfarin Consult" in EPIC and state the desired INR goal range. Pharmacists use evidence-based Warfarin General Dosing and Reversal Guidelines within a protocol that was approved by the Pharmacy and Therapeutics Committee. Daily INR will be ordered by the pharmacist per protocol (if not already ordered) for all inpatients. For patients in Inpatient Rehab and Adult Mental Health who are stabilized on warfarin therapy, the frequency of INR may be decreased to every 3 days. The physician will be contacted anytime the INR is greater than 5.0 and/or signs of significant bleeding are reported, for reversal strategy.
   - Adult Renal Dosing Protocol (see Lovenox)
   - Anticoagulant Therapy: Heparin/Low Molecular Weight Heparin (LMWH), Coumadin Policy
   - Drug/Drug Interaction Policy
3. **To reduce compounding and labeling errors, the organization uses ONLY oral unit dose products and pre-mixed infusions, when these products are available.**
   - Provided by Pharmacy
4. **When pharmacy services are provided by the organization warfarin is dispensed for each patient in accordance with established monitoring procedures. See:**
   - St. Cloud Hospital Clinical Pharmacy Warfarin Dosing Service Protocol
   - Warfarin Anticoagulation Ordering Policy

5. **For patients being started on warfarin, a baseline International Normalized Ratio (INR) is available, and for all patients receiving warfarin therapy, a current INR is available and is used to monitor and adjust therapy. See:**
   - Warfarin Anticoagulation Ordering Policy
6. **When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/drug interaction program. See:**
   - Drug/Food Interaction Counseling Policy
   - Drug/Food Interaction Counseling, Appendix B, Identified Drugs:
     Dietitians are automatically notified via the Epic of each initial warfarin order and do not require the nurse to place a dietitian consult. Dietitians will complete food and drug interaction education for all patients who are new to warfarin. Warfarin education consults DO NOT automatically need to be placed by the nursing staff. However, for those patients previously taking warfarin prior to admission that still have concerns related to warfarin and Vitamin K intake, nursing may then place a dietitian consult as needed. Food Services is also notified daily of all patients currently receiving warfarin for review of menu items for appropriateness.
7. **When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps. See:**
   - Medication Administration Policy, High Alert Medications, Addendum B
8. **The organization has a policy that addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies.**
   - Heparin and Low Molecular Weight Heparin (Lovenox) Anticoagulation Ordering Policy (new policy):
   - The Pharmacy and Therapeutics Committee approved a new Heparin and Low Molecular Weight Heparin (Lovenox) Anticoagulation Ordering Policy which may be viewed on Centranet. The policy describes standards of practice and procedures for dosing and monitoring of Heparin/LMWH that is similar to the Warfarin Anticoagulation Ordering Policy that was approved in March. Some of this information is summarized here. Platelet monitoring is suggested for patients receiving prophylactic subcutaneous heparin at baseline and every two days on days 4-14 to monitor for heparin induced thrombocytopenia. For Lovenox, platelet counts are suggested at baseline and every three days on days 4-14. When therapeutic anticoagulation doses of Lovenox are used at 1 to 1.5 mg/kg in obese patients the maximum dose will be capped at 150 mg/dose. Anti-Xa monitoring may be used to guide therapy and pharmacists will consult physicians regarding ordering of these. For patients with renal dysfunction at < 30 ml/min, a continuous infusion of Heparin should be used instead of Lovenox.
9. **The organization provides education regarding anticoagulation therapy to prescribers, staff, patients, and families.**
   - **Nurses and Dieticians:** Medication Safety – Anticoagulation and High Alert Medications computerized module.
   - **Pharmacists:** Warfarin, Heparin, Lovenox and High Alert Drugs computerized module and SCH Clinical Pharmacy Warfarin Dosing Service Competency Exam.

- **Prescribers:** "Anticoagulation Management Program" article in Medical Staff Update December 2008 issue, and "Warfarin General Dosing and Reversal Guidelines" pocket card available in Medical Staff Office.
- **Patients/families:** Every patient in the hospital is required to receive a standard approved anticoagulation teaching sheet, even those patients who have had this education in the past (see instructions on accessing these below).

10. Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.

Accessing SCH approved standard patient/family education:

- **Warfarin Education Sheet:** St. Cloud Hospital has identified a standard teaching sheet for warfarin, and it is available through Order Entry in Epic. The PMI/DFIs from Micromedex and McKesson are not approved for patient education of warfarin. To print the teaching sheet through Order Entry in Epic type: "Optio – Warfarin" in the search box. Select OPTIO-CMHC COUMADIN (WARFARIN) EDUCATION SHEET. Review the education sheet with the patient and document education teaching point into EPIC.
- **Enoxaparin (Lovenox) Teaching Kit:** The standard patient education teaching sheet identified for Lovenox is available through the Distribution Center. Order teaching kit through Order Entry in Epic by typing "LOVENOX" in the search box, then select "KIT LOVENOX PATIENT EDUCATION". Review information with patient and document education teaching point into Epic.
- **Heparin Education Sheet:** The standard patient education teaching sheet identified for heparin is available in MICROMEDEX CareNotes™ System. Print Heparin (injection) teaching sheet, review with patient, and document education teaching point into EPIC.

Documentation of patient teaching into Epic (Warfarin Example):
Every patient in the hospital is required to receive an anticoagulation teaching sheet, even those patients who have had this education in the past and the teaching point must be documented into Epic:

1. Enter Patient Education activity.
2. Select "Add Point" from the Unresolved Education tab.
3. Search for "coumadin" and select COUMADIN POINT to add to unresolved education list.

11. The organization evaluates anticoagulation safety practices.

- Oversight of this requirement is through Medication Safety, Pharmacy and Therapeutics, Medical Care Review, and Advanced Nurse Practice – PI Committees.

Warfarin General Dosing & Reversal Guidelines

DAY	INR	Warfarin Dose for < 80kg	Warfarin Dose for > 80kg
1	< 1.5	5 mg (2.5 mg if age > 60)	7.5 mg (5 mg if age > 60)
2	< 1.8	5 mg (see previous dose)	7.5 mg (see previous dose)
	1.92.5	2.5-5 mg	2.5-5 mg
	2.63.0	0-2.5 mg	0-2.5 mg
	> 3.0	NONE	NONE
3	< 1.8	5 mg	7.5 mg
	1.92.5	2.5-5 mg	2.5 mg
	2.63.0	0-2.5 mg (see previous dose)	0-2.5 mg (see previous dose)
	> 3.0	NONE	NONE
4	< 1.5	10 mg	10-15 mg
	1.51.9	5-7.5 mg	5-10 mg
	2.03.0	Maintain previous dose	Maintain previous dose
	> 3.0	0-2.5 mg	0-2.5 mg
5	< 1.5	10 mg	10-15 mg
	1.51.9	7.5-10 mg	5-10 mg
	2.03.0	Maintain previous dose	Maintain previous dose
	> 3.0	0-2.5 mg	0-2.5 mg
6	< 1.5	7.5-12.5 mg	15 mg
	1.51.9	5-10 mg	5-12.5 mg
	2.03.0	Maintain previous dose	Maintain previous dose
	> 3.0	0-5 mg (depending on previous dose)	0-5 mg (depending on previous dose)

Chart is based on goal INR range of 2.0-3.0.

INR	CLINICAL PICTURE	RECOMMENDATION
Above goal range but < 5.0	No significant bleeding	-Decrease dose or omit warfarin dose and resume when INR therapeutic
5.0 – 8.9	No significant bleeding	-Omit warfarin x 1-2 doses -OR--Omit warfarin dose and give Vitamin K 1-2.5 mg PO
5.0 – 8.9	Rapid reversal needed for surgery	-Omit warfarin -AND--Vitamin K 1-5 mg PO with expectation for reduction in INR in 24 hrs (may repeat 12 mg PO if needed)
> 9.0	No significant bleeding	-Omit warfarin -AND--Vitamin K 2.5 -5 mg PO (may repeat in 24 hrs if needed)
Any elevation of INR	Serious bleeding	-Omit warfarin -AND--Vitamin K 10 mg slow IV (may repeat q12 hrs if needed) -May supplement with fresh frozen plasma (FFP), prothrombin complex concentrates (PCC), or recombinant factor VIIa depending on the urgency of the situation
Any elevation of INR	Life-threatening bleeding	-Omit warfarin -AND--Fresh frozen plasma (FFP), prothrombin complex concentrates (PCC), or recombinant factor VIIa -Supplement with vitamin K 10 mg slow IV (may repeat q12 hrs if needed)

Charts adapted with permission from Mercy and Unity Hospital Warfarin Dosing Service and from ACCP Evidence-Based Clinical Practice Guidelines 8th Edn. CHEST. June 2008: 133(6Suppl): 160S-198S.

~Clinical Ladder~

Congratulations to the following individuals for achieving and/or maintaining their Level III Clinical Ladder status!

Ann Hess, RN — Ortho/Neuro
- Osteoporosis and You Class
- Dressing Change Audit
- Patient Education Committee
- EPIC Super User

Nancy Stiles, RN — Emergency Trauma Center
- Preceptor
- Clinical Ladder Secretary
- EBP: Sudden Death Notification
- Medication Safety Task Force

Carla Vanderpool, RN — Children's Center
- Airway Cart Set-up
- Preceptor
- Easy IO Poster
- Patient Satisfaction Committee

Janelle Maciej, RN — Telemetry
- Upcoming Cardiac Medications Module
- Preceptor
- Biphasic Defibrillators Old/New Stations
- Clinical Ladder Committee

Amy Anderson, RN — Kidney Dialysis, Alexandria
- PI Committee, PI Audits
- Holistic Services DVD
- ANNA Education Committee Member
- Fistula First Committee

Cindy Emerson, RN — Peds Short Stay
- Port Access Skill Station
- Patient Safety Monitoring Audit
- Peds Hem/Onc Advisory Board
- RNC, Pediatric

Nicole Witowski, RN — PICU
- Preceptor
- Instilling NS with Suctioning Poster
- Safeway Reporting Committee
- AACN-CMAC Secretary

Colleen Layne, RN — Center for Surgical Care
- Outpatient FHA
- PI Committee, PI Audits
- Chair, Engagement Task Force
- RNC, Med/Surg

Angela Jordahl, RN — Kidney Dialysis
- PI Committee, PI Audits
- Fistula First Task Force
- Button-Hole Certification with Staff
- Research Study to Present Hypotension During Dialysis

Gayle Howard, RN — Ortho/Neuro
- Med Safety Event
- Preceptor
- Total Joint Class Instructor
- ONC

Upcoming Developmental Programs: Educational and Professional

February 2009

6	Basic Life Support Instructor Recertification Course, Conference Center, 9 am-1 pm
9/10	Nursing Professional Development Cert. Preparation Course, 7:30 am-4:30 pm, Windfeldt Room, CentraCare Health Plaza
24	Sugar & Safe Care, Temp., Airway, Blood Pressure, Lab Work, and Emotional Support (STABLE), 7 am-5:30 pm, CentraCare Health Plaza Education Center
26	10th Annual Cardiology Seminar, 7:30 am-4 pm, Windfeldt Room, Plaza

March 2009

2	Basic Life Support Instructor Initial Course, Conference Center, 9 am-5 pm
24/25	Trauma Nursing Core Course (TNCC), 7:30 am-5:30 pm, SCH Conference Room
30/31	Emergency Nursing Pediatric Course/ENPC, 8 am-5:30 pm, SCH Conference Room

To find out what other educational and professional developmental programs are offered, please go to the CentraNet Education Tab or call the Education Department at Ext. 55642

Patient Care News articles should be sent to Deb Kaufman in Patient Care Support by the 25th of each month.